

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455714	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/05/2025
NAME OF PROVIDER OR SUPPLIER Paradigm Northwest		STREET ADDRESS, CITY, STATE, ZIP CODE 17600 Cali Dr Houston, TX 77090	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to maintain an effective pest control program so that the facility was free of pests for 1 of 6 hallways, (Hall 200) and Resident #30's room. The facility had live gnats in areas of the facility including Halls 200, and Resident #30's room. This failure could place residents at risk for decreased resident health, safety and quality of life. Findings included: Record review of Resident #30's Electronic Health Record revealed a [AGE] year-old female admitted to the facility on [DATE] with diagnoses including Bipolar, Acute Respiratory failure, Type 2 Diabetes, and Cognitive Communication Deficit. Record review of the Resident #30's Quarterly MDS revealed a BIMS score of 15, which indicates cognitively intact. Section GG of the MDS revealed the resident did not use any mobility devices and she required set or clean-up assistance (Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity) with eating, oral hygiene, Toileting hygiene, shower/bathe self, Upper body dressing, Lower body dressing, putting on/taking off footwear, and Personal hygiene. In an observation on 08/05/25 at 08:27am, approximately 12 gnats were observed on Hall 200. In an observation on 08/05/25 at 08:50am approximately 10 gnats were flying around Resident #30's room. In an interview/observation on 08/05/25 at 8:50am, Resident #30 said the facility had an issue with gnats. While interviewing Resident #30 approximately 10 gnats were observed flying in the resident's room. Resident #30 said there had been a concern with gnats for a while. Resident #30 reported pest control was observed at the facility in the past but reported pest control had never treated her room. She stated she eats lunch in the dining room. There was no food observed in the resident's room. In an interview on 08/05/25 at 9:06am, the Maintenance Director stated pest control treated the facility bi-weekly or weekly depending on the situation. He stated pest control was out on last week. The Maintenance Director reported he does get complaints occasionally from residents (specific names were not provided) about gnats and stated the last complaint was about 2 weeks ago and stated pest control had come out to treat the facility. The Maintenance Director stated Pest Control had treated the facility this week. In an observation on 08/05/25 approximately 4 live gnats were observed flying around in the facilities conference room. In an interview on 08/05/25 at 10:56am, the Administrator stated the facility had been having an on-going issue with gnats and reported it typically happens when it rains. She stated the staff had been educating families with bringing in live plants and informing them on how it increases the risk of gnats. She stated pest control comes to the facility monthly or as often as they need them to treat the facility. She stated if they have issues with pest, pest control usually comes out immediately. Record review of the facility's service inspection report revealed the facility was treated 08.04.25. The facility was treated for American Roach, German Roaches, Gnats/Fruit/Crane, Spiders. The areas treated were the kitchen, laundry, break room and therapy room. Prior to 08/05/25, the facility was treated on 07/07/25. The facility was treated for House / Fruit / Blow / Flesh / Stable Flies, American Roach, Asian Roaches, German Roaches, Fire Ants, Little Black Ants, Nuisance Ants. The facility was not treated for gnats during this visit. Record review of the facility's pest control policy (Revised 06/2019), reflected Policy Statement: 1. It is the policy of this facility that the facility will maintain an effective pest control program to prevent or eliminate infestation of pests and rodents.</p>		